UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 6 24 0 2 Serial/Patent # 10 518974					
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
*	Filing				\$ 100.00
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal		•		\$
	Petition			:	\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
	Other				\$ ·
		7 TOTAL AMOUNT OF REFUND			\$ 100.00
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
X	Overpayment	Credit Deposit A/C #:			
	Duplicate Payment	9 0 3 2 4 1 2			
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Darrell Cottman TITLE: Paraless/					
SIGNATURE: Lawle Cotto PHONE: 763-308-9140 x 20					
OFFICE: ************************************					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B